Los Ange Sounty Sheriff's epartment Supervisor's Report on Use of Force Page 1 of 5

		Incident Info	rmation				
	URN: 9 1 8 - 0 4 6 2 1 - 0 3			/14/18	Time: 1441		
	Location: West 110th S	Street	City or Station:		Los Angeles		
	Bureau/Station/Facility: South	Los Angeles Station Admin. Investigation: O YES					
	Type of Force: Takedown, Control Holds,	Resisted Handcu	uffing, Hobble				
	Incident Category: 01 02 @ 3	Deputy I	njury: OYES	NO Susp	pect Injury YES NO		
	区all	n 🗆	Detail	Foot Purs	uit		
	IAB Notified: YES O NO Person Notified:	Lt. Kopperud		1	AB Roll Out YES NO		
E1	Employee # Last Name	Involved Emp	st Name		Middle I. Rank R. DSG		
_	Sex: Race: Height: Weight:	Age: Shift:	Jona	than	Middle I, Rank R. DSG		
	● M ○ F H 5'08" 170	OE	0 . 0	M Regula	r Shift OT Shift Off Duty		
	Unit of Assignment: South Los Angeles Station	Work Assignment (Un	it #, Module, etc.):	32			
	Individual Force Used:				Individual Category		
	Resisted Handcuffing, Control	Holds	Directed (Re	scue (Medica	9 0- 0-		
	☐ Injured ☐ Treated ☐ Admitted Facility:				Coroner Case #		
E ²	Employee # Last Name	Fire	st Name		Middle L Rank DSG		
	Sex: Race: Height: Weight: M O F H 5'07" 200	Age: Shift:	M O Day P	M (Regular			
	Unit of Assignment:	Work Assignment (Un		" Regular	r Shift OT Shift Off Duty		
	South Los Angeles Station	(01)					
- 1	Individual Force Used: Resisted Handcuffing, Control	Holds	Assist 1 2 3				
	☐ Injured ☐ Treated ☐ Admitted Facility:				Coroner Case #		
E3	Last Name Ortiz	Firs	st Name		Middle I. Rank NMI DSG		
╗	Sex: Race: Height: Weight:	Age: Shift:	Jorg				
ŀ	M F H 5'09" 205 Unit of Assignment:	OE	0.0	A Regular	Shift OT Shift Off Duty		
	South Los Angeles Staion	Work Assignment (Uni		31B			
	Individual Force Used: Takedown, Control Holds		Directed (Res		Individual Category		
ŀ			The Direction (These	ocue (Iviedical	Assist 1 2 3 Coroner Case #		
- 1	Injured Treated Admitted Facility:	On Duty Super	winer				
Г	Emp. # Last Name Fi	irst Name Mitchell	Middle I.		Present Witness to Incident		
	Si	upervisor Completin			● NO O YES ● NO O		
Ľ	Valle	irst Name Paul	Middle I. S.	Sgt. YES	Present Witness to Incident YES NO		
Ī	Last Name	n Commander / Sup irst Name	Middle I.	Rank			
-	Norman	Alise	18-19	Lt.			
0	Watch commander / Supervising Lieutenant's Signature		-18-19 Date Copy	Provided to E	Employee by: Emp #:		
ī	Unit Commander (Print Name)	Unit Comm	ander's Signatur				
	DISCOVERY Use Only	PPI REVIEW COM	_	Original: Disc	Emp #: Date		
Ľ	2458949	· · · · · · · · · · · · · · · · · · ·	m LLILD	Copy: Unit Co	mmander SH-R-436P (Rev. 01/13)		
	- 1-011						

Swervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

9 1 8 - 0 4 6 2 1 - 0 3 7 5 - 2 6 3

1										rage	2 01 5		
					Inv	olved Emplo							
E <u>4</u>	Employee #	Last Name		mith			Name	Daniel		Middle I. M.	Rank DSG		
	Sex:	Race:	Height: 5'11"	Weight: 236	Age:	Shift:	l O Day	● PM	Regular Shift	OT Shift	Off Duty		
ı	Unit of Assignmen	nt:	1		Work Ass	signment (Unit	#, Module, e						
	South L	os Ange	les Station					31	В				
- 1	Individual Force U	sed:					_	_	_	Individual Category			
		Res	isted Hand	cuffing	~		Directed	(Rescu	e (Medical Assist	0	● 1		
	Injured	Treated	Admitted	Facility:									
E_	Employee #	Last Name				First	Name			Middle I.	Rank		
\neg	Sex:	Race:	Height:	Weight:	Age:	Shift: O EM	Day	○ PM	Regular Shift	OT Shift	Off Duty		
	Unit of Assignment	nt:			Work Ass	Work Assignment (Unit #, Module, etc.):							
	Individual Force U	Ised:					(Directed	(Rescu	e (Medical Assist		Category		
	Injured	Treated	Admitted	Facility:						Coron	er Case #		
E_	Employee #	Last Name				Firs	Name			Middle I.	Rank		
	Sex:	Race:	Height:	Weight:	Age:	Shift: O EM	A O Day	○ PM	Regular Shift	OT Shift	Off Duty		
	Unit of Assignme	nt:			Work As	signment (Unit	#, Module, etc.):						
4	Individual Force U	Jsed:			Directed Rescue Medical Assist					Individual Category 1 02 03			
	Injured	Treated	Admitted	Facility:						Coron	er Case #		
E_	Employee #	Last Name				Firs	t Name			Middle I.	Rank		
Ĺ	Sex:	Race:	Height:	Weight:	Age:	Shift: E	A O Day	○ PM	Regular Shift	OT Shift	Off Duty		
	Unit of Assignme	ent			Work As	signment (Unit	#, Module, e	etc.):					
	Individual Force (Jsed:					(Directed	Rescu	e (Medical Assis		Category		
	Injured	Treated	Admitted	Facility:						Coron	er Case #		
E_	Employee #	Last Name				Firs	t Name			Middle I.	Rank		
	Sex:	Race:	Height:	Weight:	Age:	Shift: OEI	M O Day	○ PM	Regular Shift	OT Shift	t Off Duty		
	Unit of Assignme	ent:			Work As	signment (Uni	#, Module, e	etc.):					
	Individual Force l	Jsed:					C Directed	Rescu	ue (Medical Assis		1 Category		
	☐ Injured ☐	Treated	Admitted	Facility						Coror	ner Case #		

Swervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

9 1 8 - 0 4 6 2 1 - 0 3 7 5 - 2 6 3

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			Emplo	yee Witnesse	es				
Emp. #	Last Name	Dens	F	First Name	1.4-		Middle N		
Unit of Assignment:	1	Pena Work Assignm	nent (Unit #, Mo	idule, etc.):	Luis Shift:		٠	A	
Mental Evalua	ation Team	* son roongilli	H918W1	auto, ett.j.	O EM	O Day P	Ø Re	gular (OT Off Duty
Emp.#	Last Name			irst Name			Middle Na	ame	
Unit of Assignment:	1	Work Assignm	nent (Unit #, Mo	dule, etc.):	Shift:	O Day OPA	A ORe	gular (OT Off Duty
Emp.#	Last Name		F	First Name			Middle N	ame	
Unit of Assignment:	1	Work Assignn	nent (Unit #, Mo	odule, etc.):	Shift:	O Day OPI	A ORe	gular (OT Off Duty
			Non-Em	ployee Witnes	sses				
Last Name		First Na	ame		Middle	Name		Age	D.O.B.
Street Address			Ci	ty		Zip Code	Phone #	1	Phone #2
Last Name		First Na	ame		Middle	Name		Age	D.O.B.
Street Address			Cir	ty		Zip Code	Phone #	1	Phone #2
Last Name		First Na	ame		Middle	Name		Age	D.O.B.
Street Address			Cit	ly	_	Zip Code	Phone #	1	Phone #2
Last Name		First Na	ame		Middle	Name		Age	D.O.B.
Street Address			Cit	ty		Zip Code	Phone #	1	Phone #2
Last Name		First Na	ame		Middle	Name		Age	D.O.B.
Street Address			Cit	ly		Zip Code	Phone #	1	Phone #2
Last Name		First Na	ame		Middle	Name		Age	D.O.B.
Street Address			Cit	ty		Zip Code	Phone #	1	Phone #2
Last Name		First Na	ame		Middle	Name		Age	D.O.B.
Street Address			Cit	ly		Zip Code	Phone #	1	Phone #2
Last Name		First Na	ame		Middle	Name		Age	D.O.B.
Street Address			Cit	ý		Zip Code	Phone #		Phone #2
Last Name		First Na	ame		Middle	Name		Age	D.O.B.
Street Address			Cit	у		Zip Code	Phone #1		Phone #2
					-			Add	itional Witness

Servisor's Report on Use of Feee SUSPECT INFORMATION

9 1 8 - 0 4 6 2 1 - 0 3 7 5 - 2 6 3

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			t Information	
\$ 1	Last Name Jaafar	First Name Hassan	Middle Name NMI	Armed? Select
=	AKA Last Name	First		Middle Name
	Sex: Race: Age: Male Female O 54		D.O.B: Phone #1: () H () 04/01/64 No phone	W O C Phone #2: O H O W O C No phone
	Street Address:		City:	State & Zin Code
	Booking #: 5340622 Primary Ch	arge Code: 594(b)(1)	PC Secondary Charge Code:	Criminal History
	Treated on Scene? YES NO 1			14 Phone #: (323) 881-2411
	Hospital Admission? Rec'd Treatment	nt At: Harbor UCLA N	fed Cen Coroner Case #:	Mental History X User's guide provides drection on this entry
	By: Dr. Stephanie Lauw	Address: 1000 We	est Carson St. Torrance, C	
	Under Influence: YES NO	Substance:	5150 a factor	in force? YES NO User's guide provides direction on this entry
	Date: 06/14/18 Time: 1630	Audiotape: X		Injuries: ADMITS HEARING ANNOUNCEMENTS
S_	Last Name	First Name	ect Information Middle Name	Armed? Select
	AKA Last Name	First !	Name	Middle Name
	Sex: Race: Age:	Height: D.O.B.	Weight: Phone #1: O H O	W O C Phone #2: O H O W O C
	Street Address:		City:	State & Zip Code:
	Booking #: Primary Cf	narge Code:	Secondary Charge Code:	Criminal History
	Treated on Scene? YES NO	Ву:	Unit:	Phone #:
	Hospital Admission? Rec'd Treatme By:	nt At:	Coroner Case #:	Mental History User's guide provides direction on this entry
	Under Influence: YES NO	Substance:	5150 a factor	in force? YES NO Wee's guide provides onthis entry
	Date: Time:	Audiotape:	Videotape: Photos of	Injuries: ADMITS HEARING ANNOUNCEMENTS
S	Last Name	First Name	t Information Middle Name	Armed? Select
_	AKA Last Name	First I	Name	Middle Name
	Sex: Race: Age:	Height: D.O.B.	Weight: Phone #1: O H O	W O C Phone #2: O H O W O C
	Street Address:		City:	State & Zip Code:
	Booking #: Primary Ch	narge Code:	Secondary Charge Code:	Criminal History
	Treated on Scene? YES NO	Ву:	Unit:	Phone #:
	Hospital Admission? Rec'd Treatme By:	nt At: Address:	Coroner Case #:	Mental History Usar's guide provides direction on this entry
	Under Influence: YES NO	Substance:	5150 a factor	in force? YES NO User's guide provides
		e processo por transfer en en proceso. Casas de la casa de la	a de la companya de La companya de la co	
i	Date: Time:	Audiotape:	Videotape: Photos of	Injurior: ADMITS HEARING

Supervisor's Report on Use of Force 9 18 - 0 4 6 2 1 - 0 3 7 5 - 2 6 3

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Method

(AW)	Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
(BC)	Baton: (Control)	(FR)	Firearm (Rifle)	(RS)	Resistance
(BI)	Baton: (Impact)	(FS)	Firearm (Shotgun)	(RO)	Restraint Device (Other)
(BF)	Bodily Fluids	(FO)	Firearm (Other)	(RH)	Restraint Device (Handcuffs)
(CN)	Canine	(FB)	Flashbang	(HB)	Restraint Device: Hobble (Legs Only)
(CR)	Carotid Restraint	(FL)	Flashlight	(TP)	Restraint Device: Hobble (TARP)
(CH)	Choke Hold	(OE)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
(CT)	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
(TT)	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)	(00)	Other Weapon: Other	(IR)	Less Lethal Impact Round (other)
(CE)	Chemical	(PK)	Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
(OC)	Chemical Agents (OC Spray)	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
(TG)	Chemical Agents (Tear Gas)	(PH)	Personal Weapon (Hand/Arm)	(TR)	Taser
(EX)	Explosives	(PP)	Personal Weapon (Push)	(UC)	Uncooperative
				(HR)	High Risk

Туре	of Injury					Bod	y Part Invo	Ived			
(AB) (BR) (BU) (CP)	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation	(FR) (GS) (HB) (LC) (ND)	Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage	(SD) (ST) (UN) (RM)	Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious Refused Med Treatment NONE	(AK) (AR) (BK) (BT)	Abdomen Ankle Arm Back Buttocks Chest Elbow	(FE) (FI) (GE) (GR) (HD)	Face Feet Fingers Genitals Groin Hands Head	(H) (EX) (LE) (LX) (SE) (SE) (SE) (SR)	Hip Internal Knees Leg Neck Nose Shoulder Wrist

FORCE USED BY		FORCE USED AGA	Method	Type of	Body Part		
Name	E# or S#	Name	E# or S#	(Code)	(Code)	(Code)	
Suspect Jaafar	S1	Deputy Ortiz	E3	OB	NN		
Deputy Ortiz	E3	Suspect Jaafar	S1	CT	NN		
	E1	Suspect Jaafar	S1	CT	NN		
Deputy 100	E2	Suspect Jaafar	S1	CT	NN		
Suspect Jaafar	S1	Deputy Ortiz	E3	RS	NN		
Deputy Ortiz	E3	Suspect Jaafar	S1	TD	FR	WR	
	S1	Deputy Torres	E1	RS	NN		
	S1	Deputy Smith	E4	RS	NN		
Suspect Jaafar	S1	Deputy	E2	RS	NN		
Deputy Torres	E1	Suspect Jaafar	S1	RH	NN		
	E4	Suspect Jaafar	S1	RH	NN		
Deputy Smith	E4	Suspect Jaafar	S1	HB	NN		
						-	
		- 				-	
	-		_			-	
			_	_		-	
	+		_			_	
			_				
	-					 	
	+						
	-						
	+ +						
	Name Suspect Jaafar Deputy Ortiz Deputy Torres Deputy Suspect Jaafar Deputy Ortiz Suspect Jaafar Suspect Jaafar Suspect Jaafar Suspect Jaafar Deputy Torres Deputy Smith	Name E# or S# Suspect Jaafar S1 Deputy Ortiz E3 Deputy Torres E1 Deputy E2 Suspect Jaafar S1 Deputy Ortiz E3 Suspect Jaafar S1 Suspect Jaafar S1 Suspect Jaafar S1 Suspect Jaafar S1 Deputy Torres E1 Deputy Torres E1 Deputy Smith E4	NameE# or S#NameSuspect JaafarS1Deputy OrtizDeputy OrtizE3Suspect JaafarDeputy TorresE1Suspect JaafarDeputyE2Suspect JaafarSuspect JaafarS1Deputy OrtizDeputy OrtizE3Suspect JaafarSuspect JaafarS1Deputy TorresSuspect JaafarS1Deputy SmithSuspect JaafarS1Deputy SmithDeputy TorresE1Suspect JaafarDeputy SmithE4Suspect Jaafar	NameE# or S#NameE# or S#Suspect JaafarS1Deputy OrtizE3Deputy OrtizE3Suspect JaafarS1Deputy TorresE1Suspect JaafarS1DeputyE2Suspect JaafarS1Suspect JaafarS1Deputy OrtizE3Deputy OrtizE3Suspect JaafarS1Suspect JaafarS1Deputy TorresE1Suspect JaafarS1Deputy SmithE4Suspect JaafarS1DeputyE2Deputy TorresE1Suspect JaafarS1Deputy TorresE1Suspect JaafarS1Deputy SmithE4Suspect JaafarS1	NameE# or S#NameE# or S#Method (Code)Suspect JaafarS1Deputy OrtizE3OBDeputy OrtizE3Suspect JaafarS1CTDeputy TorresE1Suspect JaafarS1CTDeputyE2Suspect JaafarS1CTSuspect JaafarS1Deputy OrtizE3RSDeputy OrtizE3Suspect JaafarS1TDSuspect JaafarS1Deputy TorresE1RSSuspect JaafarS1Deputy SmithE4RSSuspect JaafarS1DeputyE2RSDeputy TorresE1Suspect JaafarS1RHDeputy SmithE4Suspect JaafarS1RHDeputy SmithE4Suspect JaafarS1RH	NameE# or S#NameE# or S#Method (Code)Injury (Code)Suspect JaafarS1Deputy OrtizE3OBNNDeputy OrtizE3Suspect JaafarS1CTNNDeputy TorresE1Suspect JaafarS1CTNNDeputyE2Suspect JaafarS1CTNNSuspect JaafarS1Deputy OrtizE3RSNNDeputy OrtizE3Suspect JaafarS1TDFRSuspect JaafarS1Deputy TorresE1RSNNSuspect JaafarS1Deputy SmithE4RSNNSuspect JaafarS1DeputyE2RSNNDeputy TorresE1Suspect JaafarS1RHNNDeputy TorresE1Suspect JaafarS1RHNNDeputy SmithE4Suspect JaafarS1RHNN	